

This assessment: ☐ Initial ☐ Review

1. COMMUNITY SERVICES OFFICE (CSO)	
2. SOCIAL WORKER/CASE MANAGER'S NAME	3. TELEPHONE NUMBER
4. CLIENT'S NAME	5. AID TYPE
6. CLIENT'S ASSISTANCE UNIT ID NUMBER	7. CLIENT'S e-JAS ID NUMBER

PROTECTIVE PAYEE ASSESSMENT

SECTION I. REASON PROTECTIVE PAYMENTS ARE NEEDED

Check all the applicable box(es) below. There must be documentation in case file to support checked items.

- ☐ 1. TANF/SFA client is a pregnant or parenting minor. (WAC 388-460-0040) (Teen assessment in the case file)
- ☐ 2. Emergency makes a caretaker relative unable to care for their dependent children. (WAC 388-460-0030)
- ☐ 3. Mismanagement of funds. (WAC 388-460-0035)
- ☐ Observation of TANF/SFA/GA/SSI client or their children are hungry, ill, or not adequately clothed.
 - ☐ Repeated requests for more money, for example AREN, for basic essentials such as food, utilities, clothing, and housing.
 - ☐ Client has a series of evictions or utility shut off notices are not due to lack of funds.
 - ☐ Medical or psychological evaluations indicate the client cannot manage their funds.
 - ☐ Persons having had an ADATSA assessment and who are participating in ADATSA-funded chemical dependency treatment.
 - ☐ TANF/SFA/Working Connections client failed to pay in-home child care provider.
 - ☐ Complaints from vendors show pattern of failure to pay bills or rent.
 - ☐ Using public assistance Electronic Benefits Transfer (EBT) card or cash obtained through EBT to purchase or pay for lottery tickets, pari-mutual wagering, or any of the activities authorized under RCW Chapter 9.4.
 - ☐ Other (WAC 388-460-0035-3) (explain):

SECTION II. EXPLAIN WHY A PROTECTIVE PAYEE IS NEEDED OR CONTINUES TO BE NEEDED – ATTACH SUPPORTING EVIDENCE (NOT REQUIRED IF YOU CHECKED BOX 1 OR 2 ABOVE)

SECTION III. SIGNATURES

1. Client disagrees with the decision they must have a payee. ☐ Yes ☐ No

2. Evaluation of evidence and situation indicates protective payee ☐ is ☐ is not required.

WORKER'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE (ONLY ON MISMANAGEMENT CASES)

COMMENTS

☐ CLIENT UNAVAILABLE/NON-COOPERATIVE

Client Rights and Notification Regarding the Protective Payee Plan, DSHS 14-349

Client Notification

If assignment to a protective payee is required, the client must be notified within ten (10) days of the action.

Fair Hearing Information

If you disagree with any of our decisions, you may ask for a fair hearing. To request one, contact your local office or write to The Office of Administrative Hearings, P.O. Box 42489, Olympia WA 98504-2489. You must ask for your fair hearing within 90 days getting this letter.

At the hearing, you can represent yourself. A lawyer or other person you choose can also represent you. You may be able to get free legal advice or representation. Call us or the statewide legal services line at 1-888-201-1014 for more information.

You can also ask for a case review. This will not delay or replace a fair hearing and it could resolve the disagreement sooner. Contact your local office to ask for a case review.

Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.